

Applicant(s): Omry Ben-Ezra et al.
Serial No. : 10/560,654
Filed : May 1, 2006
Amendment Transmittal Letter
Page 2

The following are also enclosed:

One additional copy of this Amendment Transmittal Letter.

Return Receipt Postcard

An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No
and a fee of \$ included)

A Petition for an Extension of Time, including a fee of
\$ 65.00 for a Petition for 1 Month(s) Extension of Time

Other (identify):

THE TOTAL FEE DUE IS \$ 65.00.

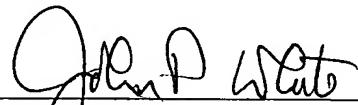
A check in the amount of \$ 65.00 is enclosed.

Please charge Deposit Account No. in the amount of
\$.

The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:

Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:	
Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
John P. White Reg. No. 28,678	Date 6/14/09



Docket No. 75632/JPW/MC

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Omry Ben-Ezra et al.

Serial No. : 10/560,654

Examiner: J. Dietrich

Filed : May 1, 2006

Group Art Unit: 3762

For : VAGAL STIMULATION FOR ANTI-EMBOLIC THERAPY

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: June 4, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	46 -	* 50 =	*** 0 X	\$26	\$52	=	0
Independent Claims	2 -	** 2 =	*** 0 X	\$110	\$220	=	0
Multiple Dependent Claim(s) Presented For First Time <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>				\$195	\$390	=	0
				TOTAL ADDITIONAL FEE \$0			

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".